

Fill in this information to identify the case:

Debtor 962 972 BUSHWICK AVE LLC

United States Bankruptcy Court for the: EASTERN District of NEW YORK
(State)

Case number (If known) _____

Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

No. Go to Part 2.
 Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

	Total claim	Priority amount
2.1 Priority creditor's name and mailing address _____ _____ _____ _____ _____ Date or dates debt was incurred _____ Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)	As of the petition filing date, the claim is: \$ _____ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
2.2 Priority creditor's name and mailing address _____ _____ _____ _____ _____ Date or dates debt was incurred _____ Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)	As of the petition filing date, the claim is: \$ _____ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
2.3 Priority creditor's name and mailing address _____ _____ _____ _____ _____ Date or dates debt was incurred _____ Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)	As of the petition filing date, the claim is: \$ _____ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor

Name _____

Case number (if known) _____

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2. _____	Priority creditor's name and mailing address	\$ _____	\$ _____
<p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>			
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number _____		Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)			
2. _____	Priority creditor's name and mailing address	\$ _____	\$ _____
<p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>			
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number _____		Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)			
2. _____	Priority creditor's name and mailing address	\$ _____	\$ _____
<p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>			
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number _____		Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)			
2. _____	Priority creditor's name and mailing address	\$ _____	\$ _____
<p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>			
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number _____		Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)			

Debtor

Name _____

Case number (if known) _____

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

3.1	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Amount of claim
			\$ 10,750.00
Michael Arounian, PLLC 175 East Shore Road Great Neck NY 11023		<input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Basis for the claim: SERVICES	
Date or dates debt was incurred _____ Last 4 digits of account number _____		Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.2 Nonpriority creditor's name and mailing address Shimon Greenfeld 1939 62nd St BROOKLYN NY 11204		As of the petition filing date, the claim is: Check all that apply.	\$ 400,000
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Basis for the claim: loan	
Date or dates debt was incurred _____ Last 4 digits of account number _____		Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.3 Nonpriority creditor's name and mailing address Sam Rubin Rubin Equities 670 Myrtle Avenue, #243 BROOKLYN NY 11205		As of the petition filing date, the claim is: Check all that apply.	\$ 21,738
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Basis for the claim: loan	
Date or dates debt was incurred _____ Last 4 digits of account number _____		Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.4 Nonpriority creditor's name and mailing address Moshe Sander 138 Franklin Ave BROOKLYN NY 11205		As of the petition filing date, the claim is: Check all that apply.	\$ 140,000
		<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Basis for the claim: services	
Date or dates debt was incurred _____ Last 4 digits of account number _____		Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.5 Nonpriority creditor's name and mailing address SMS STUDIO 320 Roebling St, #310 BROOKLYN NY 11211		As of the petition filing date, the claim is: Check all that apply.	\$ 10,000
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Basis for the claim: SERVICES	
Date or dates debt was incurred _____ Last 4 digits of account number _____		Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.6 Nonpriority creditor's name and mailing address _____ _____ _____		As of the petition filing date, the claim is: Check all that apply.	\$ _____
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Basis for the claim: _____	
Date or dates debt was incurred _____ Last 4 digits of account number _____		Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor

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Case number (if known) _____

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <input type="checkbox"/> Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Amount of claim
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed		\$ _____
Basis for the claim: _____		
Date or dates debt was incurred	_____	
Last 4 digits of account number	_____	
3. <input type="checkbox"/> Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Amount of claim
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		\$ _____
Basis for the claim: _____		
Date or dates debt was incurred	_____	
Last 4 digits of account number	_____	
3. <input type="checkbox"/> Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Amount of claim
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		\$ _____
Basis for the claim: _____		
Date or dates debt was incurred	_____	
Last 4 digits of account number	_____	
3. <input type="checkbox"/> Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Amount of claim
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		\$ _____
Basis for the claim: _____		
Date or dates debt was incurred	_____	
Last 4 digits of account number	_____	
3. <input type="checkbox"/> Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Amount of claim
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		\$ _____
Basis for the claim: _____		
Date or dates debt was incurred	_____	
Last 4 digits of account number	_____	

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Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	_____
4.2. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	_____
4.3. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	_____
4.4. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	_____
4.5. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	_____
4.6. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	_____
4.7. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	_____
4.8. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	_____
4.9. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	_____
4.10. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	_____
4.11. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	_____

Debtor

Name _____

Case number (if known) _____

Part 3: Additional Page for Others to Be Notified About Unsecured Claims

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	_____
4. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	_____
4. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	_____
4. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	_____
4. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	_____
4. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	_____
4. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	_____
4. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	_____
4. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	_____
4. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	_____
4. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	_____
4. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	_____
4. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	_____
4. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	_____
4. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	_____

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Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5a. \$ _____

5b. Total claims from Part 2

5b. + \$ _____

5c. Total of Parts 1 and 2

5c.

Lines 5a + 5b = 5c.

Total of claim amounts

\$ _____